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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing **OR** ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	US030212
First Named Inventor	JUNMING TU
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTRIC LAMP HAVING STRAPLESS SUPPORT MOUNT FOR MH ARC TUBES**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24737	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Kathleen P.			BERNARD		
Inventor's Signature			Date		
X <i>Kathleen P. Bernard</i>			X 12/12/03		
Painted Post Residence: City		State	Country	Citizenship	
New York		United States	United States		
28 Willow Drive 3046 Goff Rd. KPB					
Mailing Address					
Painted Post City		NY	14870	US	
		State	Zip	Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
John C.			ALDERMAN		
Inventor's Signature			Date		
X <i>John C. Alderman</i>			X 12/12/03		
Corning Residence: City		State	Country	Citizenship	
New York		United States	United States		
Road 1, 11892 Route 352					
Mailing Address					
Corning City		NY	14830	US	
		State	Zip	Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Randy

Family Name or Surname KING

Inventor's Signature *X* 

Date *X* 12-15-03

Hammondsport

New York

United States

United States

Residence: City

State

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Citizenship

8 Myrtle Avenue, P.O. Box 521

Mailing Address

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US

City

State

Zip

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Kevin

Family Name or Surname DOMBROWSKI

Inventor's Signature *X* 

Date *X* 12-12-03

Painted Post

New York

United States

United States

Residence: City

State

Country

Citizenship

8 Katie Lane

Mailing Address

Painted Post

NY

14870

US

City

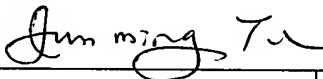
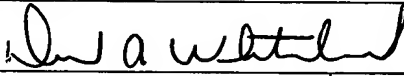
State

Zip

Country

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24737	OR	<input type="checkbox"/> Correspondence address below
Philips Electronics North America Corporation - Intellectual Property & Standards					
<b>Name</b>					
P.O. Box 3001					
<b>Address</b>					
Briarcliff Manor		New York		10510	
<b>City</b>		<b>State</b>		<b>ZIP</b>	
US		(914) 333-9640		(914) 332-0615	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any])		Junming		<b>Family Name</b> or Surname TU	
<b>Inventor's Signature</b> X				<b>Date</b> X 12/12/03	
Bath		New York		United States	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
209 East Washington Street				China	
<b>Mailing Address</b>				<b>Citizenship</b>	
Bath		NY		14810	
<b>City</b>		<b>State</b>		<b>Zip</b>	
				US	
				<b>Country</b>	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any])		David		<b>Family Name</b> or Surname WHITEHEAD	
<b>Inventor's Signature</b> X				<b>Date</b> X 12/16/03	
Painted Post		New York		United States	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
19 Katie Lane				United States	
<b>Mailing Address</b>				<b>Citizenship</b>	
Painted Post		NY		14870	
<b>City</b>		<b>State</b>		<b>Zip</b>	
				US	
				<b>Country</b>	
<input checked="" type="checkbox"/> Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Mary			FORTUNA		
Inventor's Signature			<i>Mary E Fortuna</i>		Date <i>x 12/15/03</i>
Canisteo		New York	United States		United States
Residence: City		State	Country		Citizenship
9 Pine Street					
Mailing Address					
Canisteo		NY	14823		US
City		State	Zip		Country
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State	Country		Citizenship
Mailing Address					
City		State	Zip		Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					